JAN 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No. 44572
Township ~~Saltriver~~ — Primary Registration District No. 3002 — Registered No. 190
City Mexico Mo. (No. Audrain Hospital St. Ward)

2. FULL NAME John Thomas Barnett.
(a) Residence, No. 206 ~~W~~ Jefferson. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Marie Barnet.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
44	11	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver Fire Department
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 12-21-37
11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) Mexico. (STATE OR COUNTRY) Mo.

FATHER
13. NAME William Barnett
14. BIRTHPLACE (CITY OR TOWN) Mexico. (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Adelia Arnett.
16. BIRTHPLACE (CITY OR TOWN) Mexico. (STATE OR COUNTRY) Mo.

17. INFORMANT Agness Marie BarnettM
(ADDRESS) Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Mo Elmwood Cem DATE 12-23 1937

19. UNDERTAKER H A Precht & Son.
(ADDRESS) Mexico Mo.

20. FILED Dec-21 1937 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21-1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.
Coroners Case
The principal cause of death and related causes of importance were as follows: Date of onset
Natural Causes (Unknown)

Other contributory causes of importance:
2008

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B.M. Marlow
(Address) Mexico Mo Coroner

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.